

CLAIMS ONLY

Application Number

89/869,590

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 6/9/05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
|-----------------|--------------------|--------|-----------------------|--------|------------------------|--------|-------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 1 | | | | | | | | | | | |
| Total Depend | 7 | | | | | | | | | | | |
| Total Claims | 8 | | | | | | | | | | | |
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| Total Indep | | | | | | | | | | | | |
| Total Depend | | | | | | | | | | | | |
| Total Claims | | | | | | | | | | | | |

BEST AVAILABLE COPY